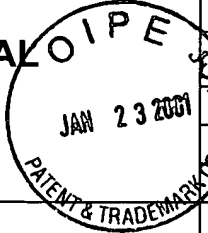


281

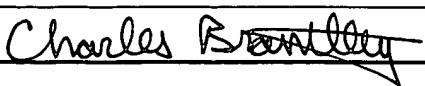
PTO/SB/17 (10/96)

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|---|--|--------------------------|-------------------|--|
| <b>FEE TRANSMITTAL</b><br> |  | <b>Complete if Known</b> |                   |  |
|   |  | Application Number       | 09/652,842        |  |
|   |  | Filing Date              | August 31, 2000   |  |
|   |  | First Named Inventor     | Vishnu K. Agarwal |  |
|   |  | Group Art Unit           | 2811              |  |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | 0                        | Examiner Name     |  |
|   |  | Attorney Docket Number   | 98-0616.05        |  |

| <b>METHOD OF PAYMENT (check one)</b><br>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account Number <b>13-3092, Order No. 98-0616.05</b><br>Deposit Account Name <b>Micron Technology, Inc.</b><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)  |                       | <b>FEE CALCULATION (continued)</b><br><b>3. ADDITIONAL FEES</b>   |                       |  |                       |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
|---|-----------------------|---|-----------------------|--|-----------------------|-----------------|-----------------|-----------------|----------|-----|-----|------------------------|-------|-------------------------------------|-------|-----|-----|-----------------------------------|-------|--|-------|-----|-----|--------------------------|-------|---------------------------|-------|-----|-------|---|-------|--|-------|-----|------|---|-------|--|-------|-----|--------|-----|---------------|--|-------|-----|-------|----------------|----|---|-----------------------|-----|--------|-----|-----|--|-------|------|-----|-----|---------------------------------|---|-------|-----|-------|-----|-----|--|-------|-----|-----|-----|-----|------------------|-------|-----|-----|-----|-----|--|-------|-----|-----|-----|-----|--------------------------|-------|-----|-------|-----|-------|---|-------|-----|-----|-----|----|--|-------|-----|-------|-----|-----|--|-------|-----|-------|-----|-----|--------------------------------|-------|-----|-----|-----|-----|------------------|-------|-----|-----|-----|-----|-----------------|-------|-----|-----|-----|-----|-------------------------------|-------|-----|----|-----|----|---|-------|-----|-----|-----|-----|---|-------|-----|----|-----|----|--|-------|-----|-----|-----|-----|---|-------|-----|-----|-----|-----|--|-------|---------------------------|--|--|--|--|-------|---------------------------|--|--|--|--|-------|---------------------|--|--|--|--|---------------|
| 2. <input type="checkbox"/> Payment Enclosed:<br><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                       | <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>_____</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing or cover sheet</td><td>_____</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td>_____</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td>_____</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td>_____</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td>_____</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for response within first month</td><td>_____</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for response within second month</td><td>_____</td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475</td><td>Extension for response within third month</td><td>_____</td></tr> <tr><td>118</td><td>1,570</td><td>218</td><td>755</td><td>Extension for response within fourth month</td><td>_____</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td>_____</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td>_____</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td>_____</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td>_____</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive unavoidably abandoned application</td><td>_____</td></tr> <tr><td>141</td><td>1,320</td><td>241</td><td>660</td><td>Petition to revive unintentionally abandoned application</td><td>_____</td></tr> <tr><td>142</td><td>1,320</td><td>242</td><td>660</td><td>Utility issue fee (or reissue)</td><td>_____</td></tr> <tr><td>143</td><td>450</td><td>243</td><td>225</td><td>Design issue fee</td><td>_____</td></tr> <tr><td>144</td><td>670</td><td>244</td><td>335</td><td>Plant issue fee</td><td>_____</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td>_____</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td>_____</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td>_____</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>_____</td></tr> <tr><td>146</td><td>790</td><td>246</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td>_____</td></tr> <tr><td>149</td><td>790</td><td>249</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td>_____</td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td>_____</td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td>_____</td></tr> <tr> <td colspan="5"><b>SUBTOTAL (3)</b></td> <td><b>(\$)</b> 0</td> </tr> </tbody> </table> |                       | Large Fee Code   | Entity Fee (\$)       | Small Fee Code  | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205                    | 65    | Surcharge - late filing fee or oath | _____ | 127 | 50  | 227                               | 25    | Surcharge - late provisional filing or cover sheet | _____ | 139 | 130 | 139                      | 130   | Non-English specification | _____ | 147 | 2,520 | 147   | 2,520 | For filing a request for reexamination | _____ | 112 | 920* | 112   | 920*  | Requesting publication of SIR prior to Examiner action | _____ | 113 | 1,840* | 113 | 1,840*        | Requesting publication of SIR after Examiner action  | _____ | 115 | 110   | 215            | 55 | Extension for response within first month | _____                 | 116 | 400    | 216 | 200 | Extension for response within second month | _____ | 117  | 950 | 217 | 475                             | Extension for response within third month | _____ | 118 | 1,570 | 218 | 755 | Extension for response within fourth month | _____ | 119 | 310 | 219 | 155 | Notice of Appeal | _____ | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | _____ | 121 | 270 | 221 | 135 | Request for oral hearing | _____ | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | _____ | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application | _____ | 141 | 1,320 | 241 | 660 | Petition to revive unintentionally abandoned application | _____ | 142 | 1,320 | 242 | 660 | Utility issue fee (or reissue) | _____ | 143 | 450 | 243 | 225 | Design issue fee | _____ | 144 | 670 | 244 | 335 | Plant issue fee | _____ | 122 | 130 | 122 | 130 | Petitions to the Commissioner | _____ | 123 | 50 | 123 | 50 | Petitions related to provisional applications | _____ | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | _____ | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | _____ | 146 | 790 | 246 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | _____ | 149 | 790 | 249 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | _____ | Other fee (specify) _____ |  |  |  |  | _____ | Other fee (specify) _____ |  |  |  |  | _____ | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>(\$)</b> 0 |
| Large Fee Code  | Entity Fee (\$)       | Small Fee Code  | Entity Fee (\$)       | Fee Description  | Fee Paid              |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 105   | 130                   | 205   | 65                    | Surcharge - late filing fee or oath  | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 127   | 50                    | 227   | 25                    | Surcharge - late provisional filing or cover sheet                         | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 139   | 130                   | 139   | 130                   | Non-English specification  | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 147   | 2,520                 | 147   | 2,520                 | For filing a request for reexamination                                     | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 112   | 920*                  | 112   | 920*                  | Requesting publication of SIR prior to Examiner action                     | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 113   | 1,840*                | 113   | 1,840*                | Requesting publication of SIR after Examiner action                        | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 115   | 110                   | 215   | 55                    | Extension for response within first month                                  | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 116   | 400                   | 216   | 200                   | Extension for response within second month                                 | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 117   | 950                   | 217   | 475                   | Extension for response within third month                                  | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 118   | 1,570                 | 218   | 755                   | Extension for response within fourth month                                 | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 119   | 310                   | 219   | 155                   | Notice of Appeal   | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 120   | 310                   | 220   | 155                   | Filing a brief in support of an appeal                                     | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 121   | 270                   | 221   | 135                   | Request for oral hearing   | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 138   | 1,510                 | 138   | 1,510                 | Petition to institute a public use proceeding                              | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 140   | 110                   | 240   | 55                    | Petition to revive unavoidably abandoned application                       | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 141   | 1,320                 | 241   | 660                   | Petition to revive unintentionally abandoned application                   | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 142   | 1,320                 | 242   | 660                   | Utility issue fee (or reissue)   | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 143   | 450                   | 243   | 225                   | Design issue fee   | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 144   | 670                   | 244   | 335                   | Plant issue fee  | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 122   | 130                   | 122   | 130                   | Petitions to the Commissioner  | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 123   | 50                    | 123   | 50                    | Petitions related to provisional applications                              | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 126   | 240                   | 126   | 240                   | Submission of Information Disclosure Stmt                                  | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 581   | 40                    | 581   | 40                    | Recording each patent assignment per property (times number of properties) | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 146   | 790                   | 246   | 395                   | Filing a submission after final rejection (37 CFR 1.129(a))                | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 149   | 790                   | 249   | 395                   | For each additional invention to be examined (37 CFR 1.129(b))             | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| Other fee (specify) _____   |                       |   |                       |  | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| Other fee (specify) _____   |                       |   |                       |  | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| <b>SUBTOTAL (3)</b>   |                       |   |                       |  | <b>(\$)</b> 0         |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| <b>1. FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>395</td><td>Utility filing fee</td><td>0</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td>_____</td></tr> <tr><td>107</td><td>540</td><td>207</td><td>270</td><td>Plant filing fee</td><td>_____</td></tr> <tr><td>108</td><td>790</td><td>208</td><td>395</td><td>Reissue filing fee</td><td>_____</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td>_____</td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b> 0</td></tr> </tbody> </table>  |                       | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description | Fee Paid        | 101             | 710      | 201 | 395 | Utility filing fee     | 0     | 106                                 | 330   | 206 | 165 | Design filing fee                 | _____ | 107  | 540   | 207 | 270 | Plant filing fee         | _____ | 108                       | 790   | 208 | 395   | Reissue filing fee                              | _____ | 114                                    | 150   | 214 | 75   | Provisional filing fee                                  | _____ | <b>SUBTOTAL (1)</b>                                    |       |     |        |     | <b>(\$)</b> 0 | <b>2. CLAIMS</b><br><table border="1"> <thead> <tr> <th></th> <th>Extra</th> <th>Fee from below</th> <th></th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims 8 - 20 =</td> <td>0</td> <td>X \$18</td> <td>=</td> <td>0</td> </tr> <tr> <td>Independent 1 - 3 =</td> <td>0</td> <td>X 78</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent Claims _____</td> <td>X _____</td> <td></td> <td>=</td> <td>_____</td> </tr> </tbody> </table> |       |     | Extra | Fee from below |    | Fee Paid                                  | Total Claims 8 - 20 = | 0   | X \$18 | =   | 0   | Independent 1 - 3 =                        | 0     | X 78 | =   | 0   | Multiple Dependent Claims _____ | X _____                                   |       | =   | _____ |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 101   | 710                   | 201   | 395                   | Utility filing fee   | 0                     |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 106   | 330                   | 206   | 165                   | Design filing fee  | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 107   | 540                   | 207   | 270                   | Plant filing fee   | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 108   | 790                   | 208   | 395                   | Reissue filing fee   | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 114   | 150                   | 214   | 75                    | Provisional filing fee   | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| <b>SUBTOTAL (1)</b>   |                       |   |                       |  | <b>(\$)</b> 0         |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
|   | Extra                 | Fee from below  |                       | Fee Paid   |                       |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| Total Claims 8 - 20 =   | 0                     | X \$18  | =                     | 0  |                       |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| Independent 1 - 3 =   | 0                     | X 78  | =                     | 0  |                       |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| Multiple Dependent Claims _____   | X _____               |   | =                     | _____  |                       |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| <b>2. CLAIMS</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>11</td><td>Claims in excess of 20</td><td>_____</td></tr> <tr><td>102</td><td>78</td><td>202</td><td>41</td><td>Independent claims in excess of 3</td><td>_____</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim</td><td>_____</td></tr> <tr><td>109</td><td>82</td><td>209</td><td>41</td><td>Reissue independent claims over original patent</td><td>_____</td></tr> <tr><td>110</td><td>22</td><td>210</td><td>11</td><td>Reissue claims in excess of 20 and over original patent</td><td>_____</td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>(\$)</b> 0</td></tr> </tbody> </table> |                       | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description | Fee Paid        | 103             | 18       | 203 | 11  | Claims in excess of 20 | _____ | 102                                 | 78    | 202 | 41  | Independent claims in excess of 3 | _____ | 104  | 270   | 204 | 135 | Multiple dependent claim | _____ | 109                       | 82    | 209 | 41    | Reissue independent claims over original patent | _____ | 110                                    | 22    | 210 | 11   | Reissue claims in excess of 20 and over original patent | _____ | <b>SUBTOTAL (2)</b>                                    |       |     |        |     | <b>(\$)</b> 0 | <b>* Reduced by Basic Filing Fee Paid</b>  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 103   | 18                    | 203   | 11                    | Claims in excess of 20   | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 102   | 78                    | 202   | 41                    | Independent claims in excess of 3  | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 104   | 270                   | 204   | 135                   | Multiple dependent claim   | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 109   | 82                    | 209   | 41                    | Reissue independent claims over original patent                            | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| 110   | 22                    | 210   | 11                    | Reissue claims in excess of 20 and over original patent                    | _____                 |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |
| <b>SUBTOTAL (2)</b>   |                       |   |                       |  | <b>(\$)</b> 0         |                 |                 |                 |          |     |     |                        |       |                                     |       |     |     |                                   |       |  |       |     |     |                          |       |                           |       |     |       |   |       |  |       |     |      |   |       |  |       |     |        |     |               |  |       |     |       |                |    |   |                       |     |        |     |     |  |       |      |     |     |                                 |   |       |     |       |     |     |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |  |       |     |       |     |     |  |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |                           |  |  |  |  |       |                           |  |  |  |  |       |                     |  |  |  |  |               |

|                       |   |                          |                               |
|-----------------------|---|--------------------------|-------------------------------|
| SUBMITTED BY          |   | Complete (if applicable) |                               |
| Typed or Printed Name | Charles Brantley  | Reg. Number              | 38,086                        |
| Signature             |  | Date                     | 1/16/1                        |
|                       |   | Deposit Act. Use ID      | 13-3092, ORDER NO. 98-0616.05 |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Vishnu K. Agarwal

Serial No.: 09/652,842

Filed: 8/31/00

For: DEVICE AND METHOD FOR PROTECTING  
AGAINST OXIDATION OF A CONDUCTIVE LAYER IN SAID  
DEVICE



§  
§ Group Art Unit: 2811  
§  
§ Examiner:  
§  
§ Atty. Docket: 98-0616.05  
§  
§  
§

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Certificate of Mailing (37 C.F.R. § 1.8)

Assistant Commissioner for Patents  
Washington, D.C. 20231

I hereby certify that this correspondence is being deposited with the  
United States Postal Service as first class mail, postage prepaid, in an  
envelope addressed to: Assistant Commissioner for Patents,  
Washington, D.C. 20231, on the date below:

1-16-01 *Lish Loman Gaidy*  
Date Signature

Dear Sir:

In compliance with the duty of disclosure under 37 C.F.R. § 1.56, Applicant respectfully requests that this Information Disclosure Statement be entered and that the references listed on the attached Form PTO-1449 be considered by the Examiner and made of record. Copies of the listed references are enclosed for the convenience of the Examiner.

In accordance with 37 C.F.R. § 1.97(b), this Information Disclosure Statement is not to be construed as a representation that a search has been made or that no other possible material information as defined in 37 C.F.R. § 1.56(a) exists.

The following references are submitted for the Examiner's review:

U.S. Patents

U.S. Patent No.

Issue Date

Inventor

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|           |          |                 |
|-----------|----------|-----------------|
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Applicant understands that no fee or certification is required for the submission and consideration of this information at this time. If the fee of 37 C.F.R. § 1.17(p) is required at this time, the Commissioner is authorized to charge such fee to Deposit Account No. 13-3092, Order No. 98-0616.05.

If there are any matters which may be resolved or clarified through telephone interview, the Examiner is respectfully requested to contact Applicant's undersigned attorney at the number indicated.

\* \* \* \*

A Form PTO-1449 is enclosed herewith.

Respectfully submitted,

*Charles Brantley*

Date: 1/16/11

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